

FILED

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE

2010 NOV -3 P 4: 24

U.S. DISTRICT COURT
EASTERN DIST. TENN.

v.

NO. 1:10-CV-299Y DEPT. CLERK
(To be assigned by the Clerk's Office.
Do not write in this blank.)

APPLICATION TO PROCEED IN FORMA PAUPERIS
WITH SUPPORTING DOCUMENTATION

I, Charles O. Toney Jr, declare that I am the:

- ☒ plaintiff/petitioner
☐ defendant/respondent
☐ Other: _____

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

In further support of this application, I answer the following questions:

PERSONAL INFORMATION, EMPLOYMENT AND INCOME DATA			
NAME (First	Middle	Last)	YEAR OF BIRTH
Charles	O	Toney Jr	
SOCIAL SECURITY NUMBER (last 4 digits only)			PHONE NOS.
1193			903-6958
HOME ADDRESS:			
5606 Pinelawn Ave 1			
OWN OR RENT?		HOW LONG AT CURRENT ADDRESS?	
Married		4 yrs	
MARITAL STATUS:			
Creative Cuts 2604 E. Main St.			
NAME AND ADDRESS OF CURRENT EMPLOYER:			
423 903-6958			
TELEPHONE NUMBER OF EMPLOYER:			
2 yrs			
HOW LONG AT CURRENT EMPLOYMENT?			
Barber (Seasonal)			
OCCUPATION (Describe what you do):			
IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY AND WAGES PER MONTH.			
GROSS:		NET:	
IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT:			
9-28-10			
HOW MUCH DID YOU EARN PER MONTH AT YOUR LAST EMPLOYMENT:			
\$800.00			

HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES
WITHIN THE PAST TWELVE MONTHS?

Business, professional or other form of self-employment? ☐ Yes ☒ No

If YES, state the source and amount:

Rent payments, interest, or dividends? ☐ Yes ☒ No

If YES, state the source and amount:

Pensions, annuities, or life insurance payments? ☐ Yes ☒ No

If YES, state the source and amount:

Gifts or inheritance? ☐ Yes ☒ No

If YES, state the source and amount:

Any other source? ☐ Yes ☒ No

If YES, state the source and amount:

ASSETS:	
LIST ANY OF THE FOLLOWING ASSETS THAT YOU OWN AND THE TOTAL VALUE	
CASH	\$
CHECKING ACCOUNTS TOTAL BALANCE (List Banks Below) (Do NOT include account numbers)	\$
SAVINGS ACCOUNTS-TOTAL BALANCE (List Banks Below) (Do NOT include account numbers)	\$
STOCKS AND BONDS	\$
REAL ESTATE-CURRENT FAIR MARKET VALUE (List Locations Below)	
	\$
	\$
	\$
TOTAL REAL ESTATE	\$

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

\$ _____

\$ _____

\$ _____

TOTAL PERSONAL PROPERTY \$ _____

MOTOR VEHICLES

Year/Make	License No.	Current Value
1994	Ira	\$ 5000.00
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL VALUE OF MOTOR VEHICLES \$ 5000

DEBTS OWED TO YOU (Give Name of Debtor)

\$ _____

\$ _____

\$ _____

TOTAL DEBTS OWED TO YOU \$ _____

OTHER ASSETS (ITEMIZE)

\$ _____

\$ _____

\$ _____

TOTAL OTHER ASSETS \$ _____

TOTAL OFF ALL ASSETS: \$ 5000.00

LIABILITIES
(DO NOT INCLUDE ACCOUNT NUMBERS)

NOTES (LOANS) PAYABLE TO BANKS (List bank name and amount of loan only)

_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LOANS PAYABLE TO BANKS	\$
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NOTES (LOANS PAYABLE TO OTHERS)	\$
MORTGAGES PAYABLE ON REAL ESTATE	\$
CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS	\$
MEDICAL BILLS	\$
TAXES AND ASSESSMENTS PAYABLE	\$
OTHER LIABILITIES (Itemize)	

_____	\$ _____
_____	\$ _____
_____	\$

TOTAL LIABILITIES	\$
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LIVING EXPENSES

	Monthly Payment	Balance Owing
[] RENT or [] MORTGAGE PAYMENT (check one)	\$ _____	\$ _____
ELECTRICITY	\$ <u>200.00</u>	\$ _____
WATER	\$ <u>100.00</u>	\$ _____
GAS	\$ _____	\$ _____
TELEPHONE	\$ <u>75.00</u>	\$ _____
FOOD	\$ <u>150.00</u>	\$ _____
ALIMONY	\$ _____	\$ _____
CHILD SUPPORT	\$ <u>45 weekly</u>	\$ _____
CHILD CARE	\$ _____	\$ _____
SCHOOL EXPENSES	\$ _____	\$ _____
AUTOMOBILE NOTE	\$ _____	\$ _____
AUTOMOBILE INSURANCE	\$ <u>138.00</u>	\$ _____
AUTOMOBILE REPAIRS	\$ _____	\$ _____
GASOLINE	\$ <u>100.00</u>	\$ _____
FURNITURE NOTE	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
CABLE TELEVISION	\$ _____	\$ _____
LIFE INSURANCE	\$ <u>65.00</u>	\$ _____
HOSPITALIZATION INSURANCE	\$ _____	\$ _____
DOCTORS	\$ _____	\$ _____
DRUGS	\$ _____	\$ _____
CREDIT CARDS	\$ _____	\$ _____
OTHER CHARGE ACCOUNTS OR CREDITORS	\$ _____	\$ _____
TAXES	\$ _____	\$ _____
ANY OTHER EXPENSES (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES		\$ <u>873</u>

SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA

NAME (First Middle Last) YEAR OF BIRTH

SOCIAL SECURITY NUMBER (last 4 digits only) PHONE NOS.

HOME ADDRESS (if different from yours):

OWN OR RENT?

HOW LONG AT CURRENT ADDRESS?

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what your spouse does):

SPOUSE'S CURRENT MONTHLY INCOME:

Salary or Wages \$ _____

Commissions \$ _____

All other sources (Pensions; Soc.Sec.;
Rent; Interest; Dividends; Alimony, etc.) \$ _____

TOTAL: \$ _____

NAME OF DEPENDENTS AND INCOME (If any)
(For Minor Children, only provide first initials)

Names:	Age:	Relationship:	Living With Whom?
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<u>LT III</u>	<u>17</u>	<u>Son</u>	<u>Mother</u>
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TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING
CHILD SUPPORT PAYMENTS (exclude spouse)

\$ 350.00

TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE,
AND DEPENDENTS

\$ 350.00

AFFIDAVIT

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

11-3-10

DATE

A handwritten signature in cursive script, appearing to read "Charles J. [unclear]", written over a horizontal line.

SIGNATURE

Created: January 31, 2007
IPF Application.wpd